								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD										_			
Effective October 1, 2003										0,715,594			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	-	
TOTAL CLAIMS			20				R/	RATE FEE			RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA		BAS	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•		XS	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			= 3 minus 3		• 2		X43= 86		OR	X86=			
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT			+145			1//	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TAL	471	OR	TOTAL		
CLAIMS AS AMENDED - PART II 5-3/-05										J • · ·	OTHER	THAN	
(Column 1) (Column 2)						(Column 3)	SM	ALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	BER	PRESENT . EXTRA.	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	. 20	Minus	-2	D	=	X\$	9=		OR	X\$18=		
ME	Independent	. 5	Minus	*** 5			X4	3=		OR	X86=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							5=		OR	+290=		
1,2 13 14 17								OTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)							FEE		JON /	addit. Fee i		
	=	CLAIMS		HIGHEST					ADDI-			ADDI-	
NT B		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID (USLY	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	*	Minus	##		=	XS	9	FEE	00	X\$18=	· PEG	
JEN	Ind pendent	*	Minus	***		=	X43=			OR			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)= 		OR	X86=		
								5=		OR	+290=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
ENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MEN	Total	*	Minus	** .		= .	X\$	9=		OR	X\$18=		
	independent	*	Minus	***		=	X43	l=			X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
1. If the partie in polymer 1 is long than the partie in polymer 0, justs 100 in polymer 0.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE		
i	he "Highest Num	ber Previously Pak	For (Total or	Independe	nt) is the	highest number f	lound in t	ne app	oropriate box	in coli	umn 1.		